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10/081,983
DP6950 US NA
Supplemental IDS
PTO/SB/08A
PTO/SB/08B
References
Postcard

Please type a plus sign inside this box

+

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. DP6950 US NA

First Inventor DARREN SCOTT QUINN

Title FILLED ARTICLES COMPRISING BLOWN FIBERS

Express Mail Label No. ET511104773US

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 13]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

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Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____ /

Prior application information: Examiner _____

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

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or ☐ Correspondence address below

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Country

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Name (Print/Type)

JANE O. HAMBY

Registration No. (Attorney/Agent)

32872

Signature

Jane O. Hamby, Reg. No. 32,872

February 21, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p style="margin: 0; font-size: small;">Complete if Known</p>													
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>UNKNOWN</td> </tr> <tr> <td>Filing Date</td> <td>HEREWITH</td> </tr> <tr> <td>First Named Inventor</td> <td>DARREN SCOTT QUINN</td> </tr> <tr> <td>Examiner Name</td> <td>UNKNOWN</td> </tr> <tr> <td>Group / Art Unit</td> <td>UNKNOWN</td> </tr> <tr> <td>Attorney Docket No.</td> <td>DP6950 US NA</td> </tr> </table>		Application Number	UNKNOWN	Filing Date	HEREWITH	First Named Inventor	DARREN SCOTT QUINN	Examiner Name	UNKNOWN	Group / Art Unit	UNKNOWN	Attorney Docket No.	DP6950 US NA
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<p style="margin: 0; font-size: small;">METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: </p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> Deposit Account Number <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">04-1928</div> </div> <div style="width: 60%;"> Deposit Account Name <div style="border: 1px solid black; padding: 2px; width: 250px;">E. I. du Pont de Nemours and Company</div> </div> </div> <p style="font-size: x-small;">The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account </p>					<p style="margin: 0; font-size: small;">FEE CALCULATION (continued)</p>																																																																																																																																																																																																																																																
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104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																	
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																																																																																																																	
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<p style="margin: 0; font-size: small;">SUBMITTED BY</p>				<p style="margin: 0; font-size: small;">Complete (if applicable)</p>	
Name (Print/Type)	JANE O. HAMBY	Registration No. Attorney/Agent)	32872	Telephone	(302) 892-7923
Signature				Date	FEBRUARY 21, 2002

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